

GIFTS DISCLOSURE STATEMENT (This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)				
Linda M. Nagata	Public Health Admin Officer			
STATE AGENCY:	STATE TEL. NO.:			
Department of Health/Disease Outbreak Control Division	(808) 586-8328			
CTATE MAILING ADDRESS.				

STATE MAILING ADDRESS:

P. O. Box 3378, Honolulu, HI 96801-9984

1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
Minnesota Mulit-State Contracting Alliance for Pharmacy	Air Fare	1/29/04 to 2/4/04	\$677.48	
	Hotel		369.51	
	Ground Transportation		40.00	
	Total:			\$1086.99

1 DONOR	2 DESCRIPTION OF GIFT	DATE 3 REC'D	GIFT 4 VALUE	AGG. 5 VALUE
	RECEIVED			
	*04 MAY 24 A10 :48			
	STATE OF HAMAII STATE ETHICS COMMISSION			

Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: Sinda M. Nagata

DATE: 5/19/04